

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10525792

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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50						
TOTAL IND.	2	5		5		5
TOTAL DEP.	13	4		4		4
TOTAL CLAIMS	15	9		9		9

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		5		5		5
TOTAL DEP.		4		4		4
TOTAL CLAIMS		9		9		9

U.S. DEPARTMENT OF COMMERCE

BEST AVAILABLE COPY